

<b>POWER OF ATTORNEY          OR          REVOCATION OF POWER OF ATTORNEY          WITH A NEW POWER OF ATTORNEY          AND          CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/573,639; Conf. 9103</td> </tr> <tr> <td>Filing Date</td> <td>March 28, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Ulrich Schwaneberg</td> </tr> <tr> <td>Title</td> <td>A PROCESS FOR SEQUENCE SATURATION MUTAGENESIS (SESAM)</td> </tr> <tr> <td>Art Unit</td> <td>1637</td> </tr> <tr> <td>Examiner Name</td> <td>Pande, Suchira</td> </tr> <tr> <td>Attorney Docket No.</td> <td>17074-00007-US</td> </tr> </table>	Application Number	10/573,639; Conf. 9103	Filing Date	March 28, 2006	First Named Inventor	Ulrich Schwaneberg	Title	A PROCESS FOR SEQUENCE SATURATION MUTAGENESIS (SESAM)	Art Unit	1637	Examiner Name	Pande, Suchira	Attorney Docket No.	17074-00007-US
Application Number	10/573,639; Conf. 9103														
Filing Date	March 28, 2006														
First Named Inventor	Ulrich Schwaneberg														
Title	A PROCESS FOR SEQUENCE SATURATION MUTAGENESIS (SESAM)														
Art Unit	1637														
Examiner Name	Pande, Suchira														
Attorney Docket No.	17074-00007-US														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
 OR  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
 

23416

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:  
 OR  
☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

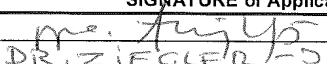
Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.  
 OR  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
	18 JUNE 2010
Name	Telephone
DR. ZIEGLER-DÖNS	+49 421 2004501
Title and Company	
Jacobs University Bremen gGmbH / Vice President	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.